		RD	10/605019										
_		CLAIM'S A	S FILED (Colum					SMALL ENTITY TYPE		OR	OTHER THAN .		
I	OTAL CLAIMS	;						RATE	FEE		RATE	FEE	
F	OR	NUMBER FILED		NUMBER EXTRA		E	ASIC FEE	*385	OR	BASIC FEE	OFFE		
T	OTAL CHARGE	minus 20=		. /			X\$Q=		OR	X\$18 =			
IN	DEPENDENT C	minus 3 =		*			X43=		OR	x8b=			
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
1.	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		ÖR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(0.1		SMALL	ENTITY	OR	OTHER		
			(Colun		) (Column 3)	1 -	OWALL	ADDI-		OMALE	ADDI-		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
Ž	Total	*	Minus	#A		=		X\$ <b>Q</b> =		OR	X\$(8=		
AME	Independent	*	Minus			=		X\{3 <u>~</u>	·	OR	126=		
-	FIRST PRESE	JUTIPLE DE	PENDENT	CLAIM			+ 45 =		or OR	-0A0=			
	- "					•	نسا	TOTAL			TOTAL ADDIT. FEE		
	. (Column 1) (Column 2) (Column 3)							DIT. FEE		,	ADDII. FEET		
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž Q	Total	*	Minus	**		Ξ		x\$9=		OR	X\$/8=		
AMEN	Independent	*	Minus	***		=		X43=		OR	×86=		
	FIRST PRESE	ILTIPLE DEF	PENDENT	CLAIM		<b> </b>  -			Ì	+290=			
						·	L	+145= TOTAL		OR	TOTAL		
			•		٠		AD	DIT. FEE	ليحسب	OR ,	ADDIT. FEE		
_		(Column 1) -CLAIMS		(Colum HIGHE		(Column 3)		<del></del>	•				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	##	,	= .		x\$9=	_	OR	X\$(8:=		
SAE.	Independent	*	Minus	***				XB=		OR	X86		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· -	145=		Ì			
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	†∂90= TOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Number Previously Paid For" (NTHIS SPACE is less than 3, enter 3.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM	FORM PTO 875 (Rev. 12/02) U.S. Government Printing Office: 2003 498 278/69151 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERC												